


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713356** (4)

1. Corporation Name

SAMUEL REINHARD FAMILY FOUNDATION

Principal Place of Business

Mailing Address

**4141 NAUTILUS DR.
MIAMI BEACH FL 33140**

**4141 NAUTILUS DR.
MIAMI BEACH FL 33140-2839**



3. Date incorporated or Qualified **09/21/1967** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-6192437** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**REINHARD, SEYMOUR
4141 NAUTILUS DR.
MIAMI BEACH FL 33140**

81 Name **MICHAEL REINHARD**
82 Street Address (P.O. Box Number is Not Acceptable) **4424 POST AVE**
83
84 City **MIAMI BEACH** FL 85 Zip Code **33140**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MICHAEL REINHARD** *Michael Reinhard* **3/12/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARD, DAVID	1.2 NAME	
STREET ADDRESS	4595 N. MICHIGAN	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARD, MICHAEL	2.2 NAME	
STREET ADDRESS	4424 POST AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINHARD, SEYMOUR	3.2 NAME	ANDREW REINHARD
STREET ADDRESS	4141 NAUTILUS DR.	3.3 STREET ADDRESS	131 RIVERSIDE DRIVE #2A
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	NY NY 10024
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MICHAEL REINHARD** *Michael Reinhard* **3/12/97** **305-944-7733**
Signature and typed or printed name of signing officer or director Date Daytime Phone # (none)

CR2E037 (9/96)